

FILED JUN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18579

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>BATES -</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO -</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RURAL - MTPLEASANT</u>		c. CITY OR TOWN <u>BUTLER MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5</u>		d. STREET ADDRESS (If rural, give location) <u>800 W-DHIO ST - 11</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>W.</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17-1949</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH-7-1891</u>
9. AGE (In years last birthday) <u>58</u>		10. <u>3</u> <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL BUS DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>BATES CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS W SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>DORA HARCOURT</u>	
14. NAME OF HUSBAND OR WIFE <u>ESTELLA SMITH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>ESTELLA SMITH - BUTLER MO</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>External Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest injuries crushed chest</u> DUE TO (c) <u>Auto and train</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Collision</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>5:30 PM</u> <u>27</u>			
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railway Crossing</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mt Pleasant Sup Bates Co MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>JUNE 17-49</u> <u>9:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>train + auto at crossing</u>			
22. I hereby certify that I attended the deceased from <u>Dead on arrival</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9:30 AM</u> , 19 <u>49</u> , and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John G. Underwood Coroner</u>		23b. ADDRESS <u>Butler Missouri</u>	
23c. DATE SIGNED <u>7-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-20-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAKHILL -</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER MO</u>	
DATE REC'D BY LOCAL REG. <u>June 29 1949</u>		REGISTRAR'S SIGNATURE <u>Kendall Perry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u>		ADDRESS <u>Butler mo</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 5-49-76

Date Filed 6-28-81

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Horace K. Hill

Student Embalmer No. 296

working under my personal supervision.

Student Horace K. Hill
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.